## CITY OF MAPLE HEIGHTS, OHIO POLICE DEPARTMENT

STATEMENT	Page 1 or	
Unit box for police use only ↓  COMPLAINT NUMBER: MA /6 - GO2749 €	↓ THIS BOX FOR POLICE USE ONLY ↓     Person writing statement is	
TIME INCIDENT OCCURRED:	(Check all that apply)	
BETWEEN FIICH 4/15/16 DTUI HOURS	☐ Person Reporting ☐ Witness	
DAY DATE	□ Victim	
AND/_/HOURS	☐ Property / Vehicle Owner ☐ Manager / Business Owne	
ADDRESS OF INCIDENT:	☐ Other Involved	
↑ THIS BOX FOR POLICE USE ONLY ↑	↑ THIS BOX FOR POLICE USE ONLY ↑	
TITLE FIRST NAME MIDDLE NAME LAST NAME	SUFFIX (I, II, Sr, Jr)	
Steven Davis		
STATE FULLY THE CIRCUMSTANCES PERTAINING TO THE EVENT:		
Member of SEALE SWAT team serving a Sia	ral warrant at	
array And and array and array	1	
111/2 11/2 11/2 11/2 11/2 11/2 11/2 11/	n to enter the	
fructure a After the class was begunded you co	m, I tivew	
I flash bang into the living room which had a w	vod flova I	
A COLOR	1 1	
	r icag from the	
lashbang followed by a "pop" that I recognized	as a gun shot.	
4 the time the sound of the gun shot processes	din my brain.	
was in the living rum and deginning to	ilia.	
- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Modi	
SNATURE TO STATE 4 15 16	TIME <u>60 : 00 (AM)</u> / PM	
SNATURE OF PARENT / GUARDIAN / LOCO PARENTIS		
	EXHII	
PORTING OFFICER SIGNATURE	BADGI ig G	